

4. Assessing

Longer assessment tools and forms for work with men presenting as victims of domestic violence

The assessment tools and forms that follow are designed for agencies offering a face-to-face service to male victims of domestic violence, ideally in a multi-agency setting. There are four parts:

Part One: Confidentiality Agreement

Part Two: Introducing the assessment process

Part Three: Gathering information about the history of abuse in the relationship and any interventions

Part Four: Client self-completion questionnaire

Your organisation/project/service can adapt the forms if needed. We think it is unlikely you will be able to complete all four parts in one session. It's best to plan to offer at least two sessions to your client and this will help with staffing resources.

Part One: Confidentiality Agreement

In order to help and support you I will need to ask you some very direct questions about subjects that you might find distressing – is that okay? I also want to tell you that we ask all our clients the same questions so this isn't aimed at you. We need to get a good picture of what is happening in your relationship so we can determine how best to support you and your family with safety at the centre of all we do.

Agreeing limits to confidentiality:

With that in mind we should agree the limits of your confidentiality with the service.

Basically everything you say is confidential with two exceptions:

1. We will share information with other services in order to gain a broader understanding of your case and of the systems responses already underway and in order to advocate with other professionals for the safety and wellbeing of you and your family.
2. We will break your confidentiality in order to decrease the risk to others, including your children.

If we do not think that sharing information will decrease the risk – first to any children involved and secondly to the adults – then we will not do so.

I understand that to ensure the safety of all parties concerned enquiries have to be conducted by



_____ **project/organisation.**

I hereby consent to such enquiries being made.

Signed.....

Date.....

Part Two: Introducing the assessment process

Do not disclose these categories 	Healthy Relationship	Unhealthy Relationship	Abusive Relationship
Disclose these sections below 			
Sharing Feelings	You feel safe and strong enough to tell your partner how you really feel	You feel awkward telling your partner how you really feel	You are afraid to tell your partner how you feel because you fear getting put down, ridiculed or threatened
Communicating	You respect and listen to each other even when you have differing opinions on the same subject	Your partner ignores you and does not respect your opinions when there is a difference of opinion	Your partner treats you with disrespect and ignores or makes fun of your ideas and feelings.
Disagreements	You can have disagreements and still talk respectfully to each other. You resolve your disagreements.	Your disagreements turn into fights	You are afraid to disagree because you don't want to unleash your partner's anger and violence. The disagreement is an excuse for abuse.
Intimacy and sex	Both of you can be honest about physical affection and sex. Neither of you feels pressured to do anything you do not want to do.	You are embarrassed to say how you feel because you think that your partner may not listen or care. You 'go along' with some things.	Your partner ignores your needs and wants. Your partner pushes you into situations that make you uncomfortable, frighten or degrade you.

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	Healthy Relationship	Unhealthy Relationship	Abusive Relationship
Trust	You trust each other. You are comfortable with your partner spending time with another man/woman.	Your partner feels jealous every time you talk to another woman. You feel jealous every time your partner talks to another woman or man.	Your partner accuses you of flirting or having an affair, and orders you not to talk to another woman.
Time Alone	You can each spend time alone and consider this a healthy part of your relationship.	You think that there may be something wrong if you want to do things without your partner. Your partner tries to keep you to herself.	Your partner does not allow you to spend time doing things on your own. Your partner sees this as a challenge or threat to your relationship
Violence	You and your partner take care not to speak harsh words or make mean comments. There is absolutely no physical violence in your relationship.	There have been a few incidents of emotional abuse or controlling behaviour in your relationship. There is no pattern of abuse or violence	There is a pattern of increasing ongoing abuse in your relationship; emotional, physical, sexual and/or intimidation.

Part Three: Gathering information about the history of abuse in the relationship and any interventions

This form should be completed from information from the client and where relevant, from other agencies. If you obtain information from other agencies, this should be clearly indicated on the form (e.g. police record, social service assessment).

Date		Number of years in this relationship	
Name		Partner's Name	
Address		Address	
Age		Living arrangements	
Ethnicity		Ethnicity	
Contact Number		Partner's Contact Number	

Children	Male/ Female	Age	Is parental contact an issue of conflict?	Is there a Contact Order in place?	
				Yes	No
				Yes	No
				Yes	No

Have either you or your partner applied for:	
Divorce	
Residence	
Child Contact?	
If YES, please give details	

Have Social Services ever been involved with your family? If so, please give details?	
Have any of the children ever been placed on the Child Protection Register? If so, please give details	

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Legal Orders	Yes	No	Applies to		Date Issued/ Details
Non Molestation	Yes	No	Self	Partner	
Injunction	Yes	No	Self	Partner	
Bail or Conviction for domestic violence-related offence	Yes	No	Self	Partner	
Any police involvement	Yes	No	Self	Partner	Most recent date:

Do either of you or your partner have a history of early trauma – e.g. being in care or suffering physical or sexual abuse in your childhood or teens? IF SO, PLEASE GIVE DETAILS

Did either you or your partner grow up at home with domestic violence? If so who, you or your partner and who was the perpetrator in the family? IF SO, PLEASE GIVE DETAILS

Have you ever • been to counselling or therapy?	Yes	No	When?
• experienced any mental health problems?	Yes	No	When?
• received treatment?	Yes	No	When?
Has your partner • experienced any mental health problems?	Yes	No	When?
• received any treatment?	Yes	No	When?
Have you ever had an evaluation for alcohol or drug dependency?	Yes	No	Where?
Did you complete treatment?	Yes	No	
Has your partner ever had an evaluation for alcohol or drug dependency?	Yes	No	Where?
Did your partner complete treatment?	Yes	No	

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History of violence/abuse

Can you tell me about the latest incident?

When was the first violent incident that you can remember in this relationship?

Are the incidents of violence/abuse getting more frequent or more severe?

What is the worst incident that happened?

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Are you scared/in fear about what your partner may do to you?

How do you think you will react?

Are you scared/in fear of your partner?

Is your partner scared/afraid of you?

Have your children ever seen or heard your violence to your partner?

Have your children ever seen or heard your partner's violence to you?

Have you or your partner ever physically harmed your children?

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What is the worst that has happened to your children?

Have any of the children ever intervened to stop the violence?

Do you feel like it is always your fault?

Do you feel like it is always your partner's fault?

Are you planning on separating from your partner or have you recently separated?

Do either you or your partner have access to weapons, such as guns? Please tell me who has access and if they/you have ever used a weapon against the other or the children:

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Are you afraid of anything in particular at the moment - has there been a specific threat?

Is there anything else you think I should know, particularly anything about your safety or anyone else's safety?

Part Four: Client Self-Completion Questionnaire

*Our primary focus is safety. In order to ensure we provide appropriate intervention and support strategies to both you and your partner we need to go through them. It may be that you feel some of these questions do not apply to you. **If there is anything that you are unsure about or don't understand, please feel free to ask. Please answer giving as much detail as possible.***

1. Injuries you have sustained from your partner

Thinking about all the incidents that have occurred over the last twelve months, please complete the following indicating how many times **your partner has done any of the following to you.**

Violence assessment index	Never	Only once	2 to 4 times	5 or more times
Restrained me from moving or leaving the room				
Choked me or held their hand over my mouth				
Slapped me on the face, body, legs or arms				
Pushed or shoved me				
Used an object or weapon to hurt me				
Threw things at me or about the room				
Punched or kicked the walls or furniture				
Tried to strangle, burn or drown me				
Kicked me on the body, legs or arms				
Threatened me with an object or weapon				
Kicked me in the face				
Threatened to kill me				
Twisted my arm(s)				
Dragged or pulled me by my hair				
Other violent behaviours				

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2. Controlling behaviour your partner has used against you

Thinking about all the incidents that have occurred over the last twelve months, please complete the following indicating how many times **your partner has done any of the following to you.**

Controlling behaviours index (Client)	Never	Only once	2 to 4 times	5 or more times
Threatened me				
Shouted at me				
Sworn at me				
Called me names				
Questioned me about my activities				
Had a certain look/mood				
Tried to provoke an argument				
Criticised me				
Criticised my friends/family				
Put me down in front of others				
Made me feel sexually inadequate				
Pointed at me (threateningly)				
Made to hit me without doing so				
Restricted my social life				
Used kids in an argument against you				
Other controlling behaviours				

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3. Violence you have used against your partner

Thinking of all the incidents that may have happened over the past twelve months, please complete the following indicating how many times **you have done each of the following to your current or former partner**.

Violence assessment index (Partner)	Never	Only once	2 to 4 times	5 or more times
Restrained them from moving or leaving the room				
Choked them or held your hand over their mouth				
Slapped them on the face, body, legs or arms				
Pushed or shoved them				
Used an object or weapon to hurt them				
Thrown things at them or about the room				
Punched or kicked the walls or furniture				
Tried to strangle, burn or drown them				
Kicked them on the body, legs or arms				
Threatened them with an object or weapon				
Kicked them in the face				
Threatened to kill them				
Twisted their arm(s)				
Dragged or pulled them by their hair				
Other violent behaviours				

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4. Controlling behaviour you have used against your partner

Thinking about all the incidents that have occurred over the last twelve months, please complete the following indicating how many times **you have done each of the following to your current or former partner**.

Controlling behaviours index (Client)	Never	Only once	2 to 4 times	5 or more times
Threatened them				
Shouted at them				
Sworn at them				
Called them names				
Questioned them about their activities				
Had a certain look/mood				
Tried to provoke an argument				
Criticised them				
Criticised their friends/family				
Put them down in front of others				
Made them feel sexually inadequate				
Pointed at them (threateningly)				
Made to hit them without doing so				
Restricted their social life				
Used kids in an argument against them				
Other controlling behaviours				

Thank you for completing these. When you have finished please hand them to the project worker. If there is anything you are unsure of, please feel free to ask. The more details we have the greater the chance of ensuring your safety and that of your partner and children.